follows: 1. Tetrasaccharide O-linked core: R^2=0.9147 P=0.0108, significant; 2. Triantennary branched moieties N-linked on β: R^2=0.8853 P=0.0171, significant; 3. Sialic acid O-linked: R^2=0.3062 P=0.3332, not significant; 4. Sialic acid N-linked on β: R^2=0.2289 P=0.4149, not significant; 5. Percent nicking in β subunit: R^2=0.0984 P=0.6072, not significant.

In the claims:

Please amend the claims as follows:

81. (amended) A method for detecting a gestational trophoblast malignancy in a subject who is either pregnant or suspected of being pregnant, comprising the steps of:

(a) (i) contacting a first portion of a urine sample from the subject with an antibody which binds to EPMI-hCG under conditions permitting the formation of a complex between the antibody and any EPMI-hCG present in the sample; and

(ii) measuring the amount of any complex formed, so as to thereby determine the amount of EPMI-hCG in the sample;

(b) (i) contacting a second portion of the urine sample from the subject with an antibody which binds to intact hCG under conditions permitting the formation of a complex between the antibody and any intact hCG present in the sample; and

(ii) measuring the amount of any complex formed, so as to thereby determine the amount of intact hCG in the sample, with

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the proviso that steps (a) and (b) can be performed in any order;

(c) determining the ratio of EPMI-hCG to intact hCG in the sample from the measurements performed in (a)(ii) and (b)(ii); and

(d) repeating steps (a) through (c) at least once over a suitable time period, wherein a ratio of EPMI-hCG to intact hCG greater than 1.0 occurring over such time period indicates the presence of a gestational trophoblast malignancy.

82. (amended) A method for detecting a gestational trophoblast malignancy in a subject who is either pregnant or suspected of being pregnant, comprising the steps of:

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(a) (i) contacting a first portion of a urine sample from the subject with a first antibody which binds to EPMI-hCG under conditions permitting the binding of the first antibody with any EPMI-hCG present in the sample, wherein the first antibody is bound to a solid support;

(ii) removing any unbound sample from the solid support;

(iii) contacting the solid support with a second antibody which binds to bound EPMI-hCG under conditions permitting the binding of the second antibody to bound EPMI-hCG; and

(iv) measuring the amount of the second antibody bound to the bound EPMI-hCG, so as to thereby determine the amount of EPMI-hCG in the sample;

(b) (i) contacting a second portion of the urine sample with a third antibody which binds to intact hCG under conditions permitting the binding of the third antibody with any intact hCG present in the sample, wherein the third antibody is bound to a solid support;

(ii) removing any unbound sample from the solid support;

(iii) contacting the solid support with a fourth antibody which binds to bound intact hCG under conditions permitting the binding of the fourth antibody to bound intact hCG; and

(iv) measuring the amount of the fourth antibody bound to the bound intact hCG, so as to thereby determine the amount of intact hCG in the sample, with the proviso that steps (a) and (b) can be performed in any order;

(c) determining the ratio of EPMI-hCG to intact hCG in the sample from the measurements performed in (a)(iv) and (b)(iv); and

(d) repeating steps (a) through (c) at least once over a suitable time period, wherein a ratio of EPMI-hCG to intact hCG greater than 1.0 occurring over such time period indicates the presence of a gestational trophoblast malignancy.

83. (amended) The method of claim 81 or 82, wherein the antibody which binds to EPMI-hCG is B152, deposited with